

FENWICK & WEST LLP

SILICON VALLEY CENTER 801 CALIFORNIA STREET MOUNTAIN VIEW, CA 94041

TEL 650.988.8500 FAX 650.938.5200 WWW.FENWICK.COM

FACSIMILE TRANSMISSION**RECEIVED
CENTRAL FAX CENTER****MAR 26 2008****CONFIDENTIAL**

DATE: March 26, 2008

CLIENT-MATTER NO.: 23876-01000

TO:

NAME	FAX NO.	PHONE NO.
Commissioner of Patents U.S. Patent & Trademark Office	571-273-8300	800-786-9199

FROM: Michael W. Farn

PHONE: (650) 335-7823

SENT BY: Becky Hancock

PHONE: (650) 943-5205

NUMBER OF PAGES WITH COVER PAGE: 2

ORIGINAL WILL NOT FOLLOW

MESSAGE:

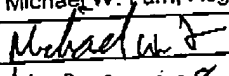
Please file and docket for consideration.

CAUTION - CONFIDENTIAL

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE OR THEIR DESIGNEE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPY OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. THANK YOU.

IF YOU DO NOT RECEIVE ALL OF THE PAGES, OR IF THEY ARE NOT CLEAR,
PLEASE CALL BECKY HANCOCK AT (650) 943-5205 AS SOON AS POSSIBLE.

A1000/00103/DOCS/1553109.1

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS		Application Number	10/600,026		
		Filing Date	June 19, 2003		
		First Named Inventor	Ka Fung		
		Group Art Unit	3691		
		Examiner Name	Abhishek Vyas		
		Attorney Docket Number	23876-09106		
RECEIVED CENTRAL FAX CENTER MAR 26 2008					
To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450					
I hereby apply to withdraw as attorney or agent for the above identified patent application. The client has been duly notified of this request for withdrawal and provided with all papers and property to which the client is entitled.					
The reasons for this request are: The client has not responded to repeated attempts to contact client (by email and mail), rendering it unreasonably difficult for the Firm to carry out the employment effectively.					
1. <input type="checkbox"/> The correspondence address is NOT affected by this withdrawal.					
2. <input checked="" type="checkbox"/> Change the correspondence address and direct all future correspondence to:					
Firm or Individual Name	ExchangeRepublic.com Limited				
Address	Flat B, 11/F, Prospect Mansion, 66-72 Paterson Street				
Address	Causeway Bay				
City	Hong Kong	State		Zip	
Country	P.R. China				
Telephone	+852 (3426) 8213	Fax	+852 (3426) 4849		
<input checked="" type="checkbox"/> This request is made on behalf of myself and <input type="checkbox"/> all the attorneys/agents of record, <input type="checkbox"/> the attorneys/agents (with registration numbers) listed on the attached paper(s), or <input checked="" type="checkbox"/> the attorneys/agents associated with Customer Number 00758 on whose behalf I have signed this request and on whose behalf I am authorized to sign.					
Name	Michael W. Farn, Reg. No. 41,015				
Signature					
Date	MAR 21, 2008				
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.					

23876/09106/DOCS/1867236.1